

## A Passion for Prevention

In March of this year, 84 AADAC and Funded Services staff from rural and urban settings gathered in Lily Lake, 40 kilometres north of Edmonton. They were celebrating AADAC's long history in the field of prevention, building connections with one another, and sharing recent successes and knowledge acquired. And they renewed their enthusiasm for helping people to avoid the harmful consequences of substance use and gambling.

Prevention, as I mention in the opening article of this issue of *Developments*, is rarely in the limelight. As we were preparing this issue, I heard a news story of a boy who had died as a result of cocaine abuse. A memorial fund set up in his name would sponsor the treatment of other addicted youth. No one mentioned prevention, although by a commonly quoted estimate every dollar spent on prevention results in a seven-dollar saving to society, not to mention the inestimable saving in human suffering. The necessity of treatment cannot be disputed, but surely waiting lists would be shorter if we were able to fully support effective prevention.

It takes knowledge, compassion and patience to understand and care about prevention. If we simply depended on our gut reactions and media interest to decide where to place our effort, prevention would never happen. So the participants in the Lily Lake Prevention Showcase were a special breed: committed, caring, inspiring.

The people we interviewed for this issue of *Developments* can be described in just that way. Because of their passion for the well-being of others, they have ensured that attention continues to be paid to prevention. Prevention may well be at the brink of a major breakthrough into the consciousness of the international addiction community. If that breakthrough happens, it will be because of people like those at Lily Lake, and like those we quote in the articles that follow.

If you are a prevention worker yourself, if you know nothing about prevention but are curious, if you would like to see a healthier society, less subject to the depredations of addictive behaviour, take some time to read this issue of *Developments*.

—Deirdre Ah Shene, Editor

## Making the Case for Prevention

In almost any area of social concern, prevention tends to be the poor sister, praised (doesn't everyone believe that an ounce of prevention is worth a pound of cure?) but scarcely funded. In the field of addiction, we tend to give greater priority to crisis responses like treatment and enforcement.

Why is this? It's partly because people rarely have a clear picture of prevention. It's much easier to cheer for treatment, which is something that you can see: the first gleam of health on the wan cheeks of clients, the speeches of gratitude from those who have recovered or even experienced a short reprieve from their painful dependence. You can build a treatment facility and *show* it to people.

Prevention also takes time and research to demonstrate its more incremental and more general results. There is thus little incentive for decision-makers and funders to make a strong commitment to prevention.

Prevention does not fit easily into sound bites: its effects, though large, are almost all subtle, and best observed by attentive, informed minds. There is more glory in fighting wars against drugs: however ineffective they prove to be, they offer drama, the opportunity for stirring speeches, and the possibility of short-term visible victories in terms of numbers of people convicted, for example, or hectares of illegal crops destroyed.

Prevention's champions are hard at work overcoming these disadvantages. One such advocate is **Dr. Tim Stockwell**, director of the Centre for Addictions Research of British Columbia (CARBC) and former director of Australia's National Drug Research Institute, clinical psychologist, professor of psychology, and co-leader of the BC Mental Health and Addictions Research Network. He is also a widely acknowledged authority on the prevention of harm related to substance use.

Stockwell's credentials include being one of the editors of a book that is a bible for prevention experts at AADAC, *Preventing Harmful Substance Use: The Evidence Base for Policy and Practice*. He is also one of the authors of the 2004 book, *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence*.

### A pragmatic view of prevention

Traditionally, prevention and harm reduction have been seen as two separate endeavours. Prevention was seen to mean use reduction, discouraging people from taking drugs or engaging in other risky behaviour. Harm reduction referred to attempts to avoid some of the consequences of substance use without requiring that people reduce their use. The editors of *Preventing Harmful Substance Use* make a good argument for a "broad view of prevention": what we are actually trying to prevent is not use itself, but harm. Specifically, Stockwell says, "prevention is about reducing harm, occurring in populations, caused by hazardous use of substances."

Broadening the view of prevention is not an easy sell, largely because of the tendency to stigmatize drug use and stigmatize the person who uses. When we think that the behaviour is morally bad in itself, we think that the intention of prevention is to stop bad behaviour. We fail to see that the final intention of all our endeavours is to decrease the harm done by the use, to the user and to society.

This failure is reflected in Alberta's results in the 2004 Canadian Addiction Survey. Treatment for illicit drug addiction gets high support (97.1%) as does legal action against sellers of illicit drugs (96%) and against illicit drug users (80%). Programs that protect public health as well as the health of drug users get fair to good support (clean needles or drug kits, 76.6%; health programs that don't require abstinence, 61.5%). Least supported (37.5%) are those that

protect users from harm indirectly related to their use, specifically night shelters for the homeless that do not require them to stop drinking or using other drugs.

The approach taken by the editors of *Preventing Harmful Substance Use* is both compassionate and pragmatic, focusing on making the best use of limited resources by basing prevention decisions on reliable research, and by working towards one acknowledged outcome: the greater safety and well-being of all of us. For these thinkers and writers, prevention is in fact harm reduction.

## What the research says

*Preventing Harmful Substance Use* illustrates growing scientific support for prevention by presenting some of the best recent research. Since its publication in 2005, says Stockwell, "the developing evidence has not diverged from the conclusions in that book."

Stockwell points to the well-known DARE (Drug Abuse Resistance Education) program, delivered to elementary school students by law enforcement officers, as a prevention activity that was widely adopted for years without any evidence that it worked. Studies later found it to be no more effective than school health classes, and sometimes even to have a detrimental effect.

Other popular approaches do work, however. "There is a lot of evidence," says Stockwell, "to support school- and community-based efforts and they need to be ongoing. There is momentum around building resiliency, trying to increase protective factors in young people and reduce risk factors. That whole movement is building strength and there is increasing evidence for its effectiveness."

"While these interventions are strong," he continues, "there has been emerging evidence that regulating availability and imposing restrictions are particularly effective."

## From evidence to action

CARBC has just released a report that is based on conclusions drawn from international research, largely the research presented in *Preventing Harmful Substance Use*. The recommendations in *Following the Evidence: Preventing Harms From Substance Use in BC* reflect Stockwell's focus on reducing the factors that cause the most harm first, using strategies that have the greatest effect.

*Following the Evidence* describes five strategic directions, and challenges a wide spectrum of public systems, from education to enforcement, to work together to prevent substance abuse.

### **1. Influence developmental pathways.**

The first direction encourages social agencies to pay attention to the developmental stages that have the greatest influence on the potential for substance abuse and other risky behaviour. Some important stages for intervention are the pre- and post-natal periods, starting school, and establishing independence. Interventions that serve this direction would include, for example, pregnancy support programs, parental education, and life skills training for children. At a wider level, any program that reduces social inequities is considered to serve this strategic direction.

**2. Prevent, delay and reduce use of alcohol, cannabis and tobacco by teens.**

The second direction identifies the drugs that are most likely to harm teenagers and seeks the best approaches for preventing, delaying and reducing use. Measures that keep tobacco and alcohol away from minors are appropriate to this goal, as are changing social norms, providing healthy alternatives for teens, and education about substance use issues before they arise.

**3. Reduce risky patterns of use.**

The third strategic direction has a harm reduction focus and supports, for example, clear definitions of risky behaviour, screening of patients by health-care providers, and public education about the consequences of certain types of use.

**4. Create safer contexts.**

The fourth direction also has a harm reduction focus. The strategies endorsed would, for example, reduce impaired driving, lower the limits of acceptable blood-alcohol concentration in drivers, educate servers in bars, restrict second-hand smoke exposure, enhance needle distribution programs, and document health consequences of substance use.

**5. Influence economic availability.**

The final strategic direction is one that Stockwell feels strongly about. Its regulatory emphasis encompasses tactics with proven effectiveness, such as taxation ("making alcohol and tobacco products less accessible by increasing their price"), banning advertising, and fining businesses offering discounts on alcohol and tobacco. On the voluntary side, CARBC supports agreements between police, municipalities and the liquor service industry.

The groundwork has now been laid for prevention to come out of treatment's shadow: we have a defined purpose for prevention, there is undeniable evidence that it is to our benefit to support prevention activities, and research has helped us to identify the strategies that do the most good. The question now is whether we can convince decision-makers to fund these efforts.

## AADAC's Approach to Prevention

In the 56 years since AADAC's first incarnation as the Alcoholism Foundation of Alberta, staff have seen prevention change greatly from the initial simple strategy: to "educate the public, and particularly younger persons, as to the consequences and means of prevention of alcoholism," as an early AADAC document puts it.

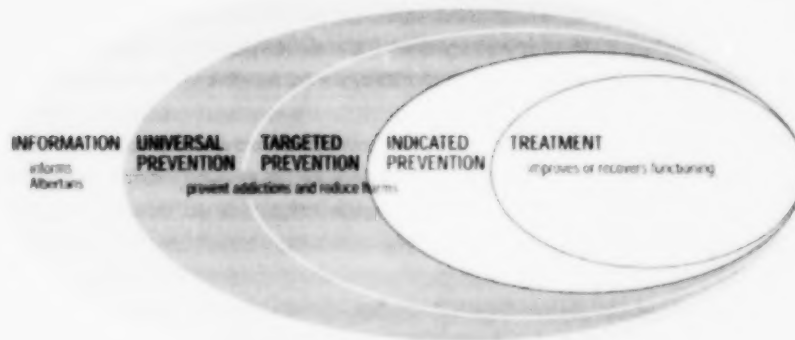
Today, says **Eldon Coward**, "AADAC's prevention programs aim to enhance protective factors, reduce risk factors, and foster resiliency. Ultimately, we want to give Albertans the information and support they need to make healthy choices." Coward is AADAC's director of the South District and Prevention Co-ordination; he has been involved in prevention with AADAC since the 1980s.

### A comprehensive approach

AADAC still has a public education mandate and youth are still a major focus, but our understanding of prevention has broadened and deepened. This change is represented in AADAC's core business model, which shows a comprehensive approach to prevention.



## AADAC Core Business Model



- **Information** gives people knowledge about alcohol, other drugs and gambling, and about AADAC's available services. They can use this knowledge to make healthy choices.
- **Universal prevention** targets a broad population with the aim of promoting health or delaying the onset of substance use or gambling. Some examples of AADAC's universal prevention programs would be curriculum-linked resources for students, presentations for parents and our website content for children and youth.
- **Targeted prevention** aims to decrease the prevalence of substance use and gambling problems by reducing risk factors and enhancing protective factors of those Albertans who are more at risk. For example, some resources target young adults and youth in high-risk environments.
- **Indicated prevention** targets those who are beginning to experience problems. The goals of indicated prevention programs are to intervene early to reduce the harm associated with use and abuse of substances. One example is AADAC's Enhanced Services for Women program that provides outreach services to women at high risk of abusing substances during pregnancy.
- **Treatment** aims to help adults, youth and their families improve or recover from the harmful effects of substance and gambling problems. Treatment ultimately supports prevention by assisting Albertans who have problems with alcohol, other drugs or gambling.

The core business model shows that prevention and treatment are interrelated and interdependent. Eldon Coward emphasizes that "the work we do at the universal level has an impact on the 'inner rings' of targeted and indicated prevention. We understand prevention to be part of a continuum that includes information, prevention and treatment. Each component affects and supports the other." For example, treatment can offer an occasion for prevention: "Many people who approach AADAC for help are parents," says Coward. "So we see families even in our treatment area as a great opportunity for preventative efforts. Offering prevention at all levels is vital to reducing the costs to society and to individuals and families."

In prevention as in treatment, AADAC takes a **strength-based approach**. "AADAC, very early on, decided to focus on promoting resilience and using the concepts of risk and protective factors as a foundation for prevention work. Building on substantial research support, we work to promote protective factors and reduce risk in the person and in the environment. For example, we can't have access to all children aged five to 17, but we want to enrich their circle of support, so we encourage the efforts of other people who influence children directly in

trusting relationships."

AADAC organizes its prevention efforts by focusing on **four domains: family, school, community, and the workplace**. Prevention efforts in these domains strive to engage grassroots support and participation, respect diversity, and be relevant to the target population. They focus on promoting and preserving health and potential, and are designed in accordance with acknowledged best practice.

Defining these four domains of action ensures that AADAC provides prevention programs that reach all age levels. AADAC's prevention workers understand that different life stages require different types of intervention. For example, young adult drinkers respond better to harm reduction messages about the definition and dangers of binge drinking than they do to admonitions to stop drinking altogether.

### Prevention research

AADAC Research Services conducts a variety of studies to ensure that the commission's prevention programs are effective and in line with best practices.

**Komali Naidoo**, a research officer for AADAC, describes the role of research in a current prevention program:

"The Better Together Pilot Project is a school-based youth prevention program that Research Services is currently evaluating. There are six pilot projects participating in the Better Together Pilot Project. The final evaluation of Better Together will help the Provincial Prevention Unit to develop a framework that will guide schools across the province in designing and implementing school-based prevention and early intervention programs.

"Research Services is using a three-pronged approach in this evaluation. First, we interviewed Better Together committee members to determine how the pilot projects were implemented, learn about the key stakeholders who were involved in the pilot project development and implementation, and identify what worked well and what they would do differently. We used this information to guide us in developing our formal evaluation strategy.

"Second, we reviewed the research literature related to school-based substance use prevention so that we could compare what was known to be successful with what was included in Better Together. Equally, if there is anything unique in the Better Together pilot, not recorded in any literature, we can learn from that as well.

"The third step, direct evaluation of the program, involves interviewing Better Together committee members, school administrators and staff, parents, community members, and students who are involved in the Better Together projects. Interviewing the students is very important, as the program is ultimately aimed at them. We're also gathering information from the Alberta School Board Association and from the Provincial Prevention Unit."

Successful prevention is built upon a comprehensive multi-layered approach, says **Shiela Bradley**, co-ordinator of AADAC's Provincial Prevention Unit: "Evaluation of prevention

requires a commitment that evolves and is supported over the long term. We are gathering important information about how to do that within the Better Together Schools evaluation plan. AADAC will continue to move forward with high-quality prevention strategies that reflect the best research and experience available to help adults, families, children and youth to choose healthy ways to live."

## Prevention in Practice at AADAC

Here are some of the practical ways AADAC is supporting families, schools, workplaces and communities to prevent the harm caused by substance use and gambling problems in Alberta.

### School

Schools offer the opportunity for ongoing education and support to all children using role models the children can trust: their teachers.

AADAC supports prevention in schools in many ways:

- AADAC provides funding and staff support for the Better Together Schools Project. (See the article "AADAC's Approach to Prevention" in this issue.) In co-operation with the Alberta School Board and school divisions, AADAC developed substance abuse prevention and early intervention strategies that reflect local priorities and needs. Work by local Better Together School projects includes developing on-site wellness teams, supporting greater involvement of parents in establishing school culture and community, enhancing peer mentorship opportunities for students, and offering train-the-trainer workshops for educators.
- AADAC offers curriculum-linked substance abuse prevention resources that provide interactive, comprehensive lesson plans for grades 3 through 9 and Grade 11.
- AADAC provides online support, information and educational resources for all teachers. Information directed to teachers on AADAC's website receives more than 60,000 hits per month.
- AADAC supports teachers and school administrators by providing training for teachers at teachers' conferences across Alberta and by providing the manual *Developing Substance Use and Gambling Policies for Alberta Schools* to guide school communities as they develop or review their policies on substance use. Local AADAC offices also support schools through consultation, training and resource development.

### Community

AADAC's *Community Action on Drug Abuse Prevention* manual is a guide to prevention ideas, activities and strategies that organizations, groups and individuals can use to co-ordinate prevention efforts within their community. Community prevention is more effective when it is developed and delivered by members of the community. AADAC supports these efforts by offering guidance, resources and grants for community prevention projects and drug coalitions.

One example of community prevention in action is the Wise Ways project in the Bow Valley. **Spencer Schneider** of AADAC's Canmore Area Office explains:

"A few years ago, a local nightclub owner called on behalf of several nightclubs,

asking me to set up an information session on date-rape intervention. I was impressed that within a week the owner had rounded up close to 50 people from bars around town. I asked why they decided to attend. They told me about six separate incidents of date rape. They wanted to know how to prevent date rape and other problems related to alcohol and drugs. The enthusiasm of the group grew, we sorted through a variety of ideas and, weeks later, AADAC agreed to provide funding for a coalition.

"The group hired a project co-ordinator. Her research showed social norms marketing to be an effective prevention method for young adults. She found that the public thought high-risk activities in the Bow Valley were considerably more common than they really were. Her questionnaires revealed a perception that 56% of people were drunk the previous night, for example, when only 12% were. So we decided to get the positive message out there, allowing people to celebrate the healthier aspects of their community rather than dwell on the relatively small negative ones.

"This is how Wise Ways came about. It was a very positive model.

"Wise Ways brings all the different prevention activities of the Bow Valley under one umbrella. They all help one another, learn from one another, and build on everyone else's efforts and ideas, which makes each program more powerful."

## Family

Families have a vital role in preventing substance abuse and gambling. Providing parents with accurate information and strategies for discussing their concerns about substance use and gambling is an important part of AADAC's prevention strategy. Helping parents to raise resilient children and to prevent risky behaviour is part of AADAC's prevention approach.

AADAC's website offers information for parents: for example, the Parent Information Series begins with "Create It," a collection of tip sheets for parents of very young children, and progresses through childhood developmental phases with "Nurture It" and "Choose It" tip sheets designed to help parents enhance their children's resiliency and resistance to risky behaviour like substance use and gambling.

An example of AADAC's support for families is the **Families Growing Together** program. Families Growing Together includes a children's program and a concurrent parents' program for adults who are recovering from addictions. The children's program is for children aged six to 11 who have been affected by a family member's substance abuse or gambling problem. The program helps children to understand addictions, cope with their feelings, practise making good decisions, recognize their own worth, and gain the ability to thrive under difficult circumstances.

The Families Growing Together parenting program is for parents who are recovering from substance abuse or gambling problems. The information in this program helps parents to develop their parental skills and build healthy families even as they work on their personal recovery from problems related to alcohol, other drugs or gambling.

## Workplace



AADAC has a long tradition of helping businesses to create fitness for work policies. AADAC staff work with many employers who are concerned about problems related to substance use and gambling problems in the workplace. Impairment and other harmful consequences of addictive behaviour threaten workplace attendance, productivity and even the physical safety of troubled employees and the people they work with.

AADAC's area office staff are trained to help businesses in their communities create effective workplace prevention. Their efforts are supplemented by AADAC's information for workplaces, offered in booklets, videos, articles and other resources.

AADAC also works with other organizations and ministries to provide effective workplace prevention. One example is collaboration with Alberta Employment, Immigration and Industry (AEII) to develop resources for young trades workers. AADAC and AEII will soon be releasing an electronic learning package and a DVD for use in vocational programs, in schools, and in the workplace as part of their orientation program. The program will soon have a link on our website, and AADAC's area offices will tell employers how they and their staff can access it.

## Moving Forward

AADAC continues to research best practices and to evaluate the success of the organization's prevention strategies. Programs are constantly changing to meet the needs of Albertans, and to reflect new strategies that have proved successful elsewhere.

# Promising Practices in Prevention

To learn about current promising practices in prevention, *Developments* spoke with **Dr. Tim Stockwell**, director of the Centre for Addictions Research of BC, and **Dr. Jeff Linkenbach**, director of MOST of Us®, a non-profit social norms marketing firm in the United States, about prevention methods that are currently being used with great success around the world.

## Influencing economic availability

Dr. Tim Stockwell has been involved with prevention in several countries for more than 20 years and has published over 200 research papers in addition to several books on prevention and treatment issues. Stockwell says the first thing any organization planning to devise a prevention strategy needs to do is ask themselves, "What is the problem?" Stockwell explains, "People define prevention in different ways. In my opinion, prevention should be about reducing harm. For example, trying to stop university students from ever having a beer is going to be ineffective. Instead, you really need to ask yourself, 'What is the harm that I am trying to prevent?' Generally, it is the harm associated with excessive consumption: injury, death, health problems, violence, and so on. So you need to explore ways to reduce consumption."

One option that Stockwell has found to be particularly effective is influencing economic availability. "If it costs more, people will generally buy less." He draws on an example from Australia, where he worked for 16 years with the National Drug Research Institute. "In Australia's Northern Territory, an extra tax was levied on alcoholic drinks, and deaths and injuries went down substantially. Unfortunately, several years later, it was ruled that individual states and territories were not permitted to add extra taxes, so the tax was removed. When this happened, the deaths and injuries went right back up." (For more information about this

example, including the statistics demonstrating the effectiveness of the measure, check the link at the end of this article.)

Stockwell notes that in addition to reducing the amount of alcohol people purchased, and subsequently the harm associated with excessive alcohol consumption, the extra tax in the Northern Territory was used to fund prevention, information and treatment efforts. "Such a tax greatly influences how much people buy, while at the same time, it funds necessary prevention and treatment services. Used like this, the tax is a highly effective double benefit."

"Another effective way to use taxes in prevention," says Stockwell, "is to tax drinks with greater percentages of alcohol at a higher rate, as an incentive for people to purchase the lighter varieties. Australia, for example, uses three bands of tax. The lowest is for beers with alcohol content below 3%, followed by beers 3% to less than 3.5%, and finally the highest tax is for beers and other drinks with alcohol content of 3.5% and above. These excise taxes based on alcohol content are reviewed quarterly. Canada, in contrast, has only ever reviewed this tax once. Therefore, compared with our growing income and wealth, alcohol is actually becoming cheaper and consumption has gone up around 15% in the past 10 years in Canada. This has led to more deaths per head of population due to the relative cheapness of alcohol."

### Social norms and the science of the positive

Dr. Jeff Linkenbach is a pioneer of the social norms approach to prevention. For nearly two decades, he has been researching, training, and helping various organizations develop social norms prevention activities. He developed the Montana Model of Social Norms Marketing, which has been used for a variety of prevention programs across the state of Montana, including programs related to alcohol, tobacco, traffic safety, nutrition and other areas. This model breaks down his concept of social norms prevention methods in a manner that can be used by any organization wanting to reduce the harm associated with substance use and gambling.

The social norms approach to prevention involves correcting misperceptions of the norm. This might, for example, assure people it is normal *not* to use drugs, *not* to smoke, and *not* to drink excessively. If people think that "everyone else is doing it," they are more likely to engage in the risky behaviour themselves. Linkenbach says, "We need to realize the power of what I call the science of the positive. This involves hearing and steering the conversation: *hearing* through research and observation, and *steering* by correcting misconceptions and using language that reflects the positive norms that already exist in the environment. For example, parents often say, 'I want you to think for yourself and not follow the crowd.' The perception on the parent's part is that the crowd is using drugs. In reality, the majority of kids do not use drugs, so in this case, the parent is actually making the problem worse by reinforcing the negative misconception. That's a family example, but at an organizational level, a provincial level, in school organizations, we need to be more intentional with our language. Our language can liberate us to align with the positive values that exist. Or, when used negatively, it can be oppressive and aggravate the situation."

Linkenbach adds that substantial research has established the effectiveness of the approach. "We've set up studies with treatment and control groups where we were able to measure changes in awareness, perception and correcting the misperception of the norm. And we have been able to see actual shifts in behaviour that we're trying to modify."

Linkenbach says it is imperative that an organization capture good quality data from their own population when applying a social norms effort. For example, when dealing with Edmonton youth, it is necessary to use Edmonton statistics. "It is so powerful for an audience to see their own misperceptions in action. But if you are discussing Saskatchewan misconceptions, for example, when you are talking to Alberta youth, it will have less impact, as many will shrug it off as irrelevant to them. You need matched data for capturing the perceptions that we want to serve. That forms the basis to allow us to turn social science into social action."

Linkenbach warns that it is a mistake to mix a positive approach with a problem-oriented framework. "You can't use a fear-based approach, for example, detailing all the ill effects of drugs from Monday to Thursday, and then use the social norms approach on Friday. All that would do is support the already held perception of the negative, ultimately working against the efforts to be positive. You need to maintain the correct environment for this to work." He adds, "It is not enough to use the social norms approach once, and then leave it at that. You need an adequate dose of this positive approach to really create a change in the public conversation, and therefore the misperception."

### Further information

To learn more about Dr. Tim Stockwell and his approaches, visit <http://www.carbc.uvic.ca/stockwell.htm>

Dr. Jeff Linkenbach's approach is detailed at <http://www.mostofus.org/marketing.php>

## The Back Page

### AADAC RESOURCES

The following are some of the AADAC prevention resources featured in this issue:

#### RESOURCES FOR FAMILIES

##### Parent Information Series

It's not easy being a parent these days, especially if your kids are at the age when they may start to experiment with alcohol, tobacco, other drugs or gambling. This series is designed to answer frequently asked questions and give parents facts to help them prevent their children from using drugs, help them to make healthy lifestyle choices, and support them in making changes in their lives.

##### **Families Growing Together: Parenting Program**

(Resource No. 642A | \$30.00)

This comprehensive program is for parents who are recovering from substance abuse or gambling problems. The program includes topics such as empathy, shame, guilt, child developmental stages, family roles, and discipline versus punishment. Each of the nine program modules in this manual provides opportunities for parents to learn more about themselves, and supports them in continuing to make healthy choices about alcohol, other drugs and gambling.

##### **Families Growing Together: Children's Program**

(Resource No. 642B | \$30.00)

This program manual is for use with children who have been affected by a family member's substance abuse or gambling problem. Intended for children from six to 11 years old, the program helps children understand addictions, cope with their feelings, practise making good decisions, and recognize themselves as unique and valuable people. The overall goal of the program is to help children become more resilient.

### **Families Growing Together: Children's Booklets**

(Resource Nos. 642D, 642E, 642F | \$5.00 each or all three for \$10.00)

Three booklets are now available as part of the Families Growing Together series. With kid-friendly content and expressive hand-drawn artwork, these booklets are a great way for counsellors to help youngsters understand and deal with family problems.

- *Changing the Rules:* Don't talk, don't trust, don't feel: these are the rules in families with an addiction problem. This booklet tells kids what they can do to change these rules.
- *Understanding Addiction:* When someone has an addiction, it affects the entire family. This booklet helps kids understand that they aren't alone, that it's not their fault, that they can't make it stop, and that there are people they can talk to.
- *Solving Problems:* This booklet introduces kids to S.T.O.R.M., an easy-to-remember method for solving problems.

## **RESOURCES FOR SCHOOLS**

### Lesson Plans

AADAC's partnerships with schools are vital to our efforts to contribute to the healthy development of youth in Alberta. AADAC's school-based resources for youth are directly linked to Alberta Education curriculum in a variety of courses. These resources can help teachers plan and deliver quality lessons for their students in elementary, junior high and senior high, while delivering effective prevention messages to youth.

### *Developing Substance Abuse and Gambling Policies for Alberta Schools*

This manual offers teachers, principals and school councils practical information about developing a substance use and gambling policy. It describes the key components of an effective policy, discusses the benefits of having a policy, addresses common concerns and provides information about relevant resources that schools can use.

## **RESOURCES FOR THE WORKPLACE**

### AADAC Information for Workplaces

This section on aadac.com provides a directory of AADAC resources and services specifically for employers, employees, workplace safety professionals and employee assistance program professionals.

### **It's Our Business: Manual for Leaders**

(Resource No. 504A | \$129.00)

How can an employer tell when an employee has a problem that is affecting fitness for work? When does an employee's problems with alcohol, other drugs or gambling become the employer's problem? When should employers take action? What action would be most effective and most ethical? Where can employers get help for themselves as leaders in the workplace, and for the troubled employee? What can they do to prevent problems from arising in the first place? The *It's Our Business* manual can empower leaders in the workplace by



giving them the information they need. This informative, well-organized binder offers clear information and insightful advice in an easy-to-follow format, based on a philosophy of fitness for work. Employers and managers are advised to remain focused on what is their business: the employee's ability to do his or her job.

## RESOURCES FOR COMMUNITY GROUPS

### Community Action on Drug Abuse Prevention

This 64-page manual contains practical information, advice and activities for people and groups interested in creating or maintaining a community drug coalition. The manual is a step-by-step guide to taking positive, collaborative action to prevent drug abuse at the local level, from recruiting support and conducting a needs assessment to selecting and evaluating community activities and projects.

Many AADAC resources are available in small quantities free of charge from your local AADAC office.

You can also browse, view and order these resources and more than 400 others in the resource catalogue at [aadac.com](http://aadac.com)



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